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www.consolidated.com

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Received & Inspected

OCT 31 2013

FCC Mail Room

October 30, 2013

Ms. Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12th Street, S.W.  
Washington, DC 20554

Re: Consolidated Communications of Fort Bend Company 2013 FCC Form 481 Submissions  
– Pursuant to WC-Docket Nos. 10-90, 07-135, 05-337, 03-109, GN Docket No. 09-51,  
CC Docket Nos. 01-92, 96-45, WT Docket No. 10-208

Dear Ms. Dortch:

Pursuant to the FCC's November 18, 2011 USF/ICC Transformation Order in WC Docket Nos. 10-90, et al., in accord with 47 CFR 54-313 and 54-422, and via FCC Form 481, Consolidated Communications of Fort Bend Company (CCFB) submits in the above-referenced dockets the requisite information for the 2013 annual reporting requirement as a high cost recipient in 2012. Included in this filing is information on voice outages.

CCFB views this information regarding voice service outages to be confidential and is thus submitting these portions of the CCFB submission to the Commission as confidential information that is being filed pursuant to the August 30, 2012 Third Protective Order in WC Docket Nos. 10-90, 07-135, 05-337, 03-109, GN Docket No. 09-51, CC Docket Nos. 01-92, 96-45 and WT Docket No. 10-208.2 Each page of the non-redacted version of the submission (that includes confidential information) has been marked "CONFIDENTIAL INFORMATION – SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, GN DOCKET NO. 09-51, CC DOCKET NOS. 01-92, 96-45, WT DOCKET NO. 10-208 BEFORE THE FEDERAL COMMUNICATIONS COMMISSION". CCFB requests that the non-redacted version of its submission be confidential and withheld from public inspection.

This information is also protected from disclosure to the public by Sections 0.457(d) and 0.459 of the Commission's rules. The confidential information included in these documents is competitively sensitive information and thus should not be available for public inspection. Such information would not ordinarily be made available to the public. Release of the confidential information in the submission would have a considerable negative competitive impact on CCFB. Accordingly, the non-redacted information in question is appropriate for nondisclosure under sections 0.457(d) and 0.459. Pursuant to 47 C.F.R. § 0.459(b), CCFB has treated and treats the non-public information included in its submission (in nonredacted form) as confidential and has protected it from public disclosure to parties outside the

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company. CCFB has not made the voice outage information available to the public. Additionally, CCFB notes that under 47 C.F.R. § 4.2, reports with this kind of outage-related information that are submitted to the FCC are “presumed to be confidential”.

CCFB is filing a confidential version of the FCC Form 481 to the Office of the Secretary with an original hard copy of the cover letter, one CD and an extra copy of the cover letter to be stamped and returned to CCFB. Confidential information could not be separated from the public information in order to maintain the integrity of the filing, see 47 C.F.R. § 0.459(a). CCFB is also filing, via the Commission’s Electronic Comment Filing System (ECFS), a redacted version of the filing (which includes portions of with no confidential information and portions of confidential information that have been redacted). Each page of the redacted version of the submission is marked “REDACTED VERSION – FOR PUBLIC INSPECTION,” with the confidential information omitted.

This cover letter includes no confidential information except for the confidentiality markings and the annotation on the initial page noting the manner of submission.

If you have any questions, please contact me at (936) 521-7737 or Scott Kitchen at (936) 521-7736.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim DeLoss", written over a horizontal line.

Jim DeLoss  
Senior Regulatory Relation Specialist

Enclosures



<010> Study Area Code	442072
<015> Study Area Name	CONSOLIDATED FT BEND
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Jim DeLoss
<035> Contact Telephone Number: Number of the person identified in data line <030>	(936) 521-7737
<039> Contact Email Address: Email of the person identified in data line <030>	jim.deloss@consolidated.com

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		442072 Completion Required	442072 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.26"/>		
<420> Mobile	<input type="text" value="0.0"/>		
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	<input type="text" value="0.0"/>		
<450> Mobile	<input type="text" value="0.0"/>		
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 442072TX510	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 442072TX610	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	442072
<015>	Study Area Name	CONSOLIDATED FT BEND
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim DeLoss
<035>	Contact Telephone Number - Number of person identified in data line <030>	(936) 521-7737
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.deloss@consolidated.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no ) <input type="radio"/> <input checked="" type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

\_\_\_\_\_  
Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How (USF) was used to improve service quality  
 <116> How (USF) was used to improve service coverage  
 <117> How (USF) was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.


**(200) Service Outage Reporting (Voice)  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

**July 2013**

<010>	Study Area Code	442072
<015>	Study Area Name	CONSOLIDATED FT BEND
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim DeLoss
<035>	Contact Telephone Number - Number of person identified in data line <030>	(936) 521-7737
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.deloss@consolidated.com

[illegible]

<701> Residential Local Service Charge Effective Date  
<702> Single State-wide Residential Local Service Charge

\_\_\_\_\_

[illegible]

<010>	Study Area Code	442072
<015>	Study Area Name	CONSOLIDATED FT BEND
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim DeLoss
<035>	Contact Telephone Number - Number of person identified in data line <030>	(936) 521-7737
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.deloss@consolidated.com

[illegible]

FCC Form 481  
 OMB Control No. 3060-0036/OMB Control No. 3060-0036  
 July 2013

<010>	Study Area Code	442072
<015>	Study Area Name	CONSOLIDATED FT BEND
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim DeLoss
<035>	Contact Telephone Number - Number of person identified in data line <030>	(936) 521-7737
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.deloss@consolidated.com

<810>	Reporting Carrier	Consolidated Communications of Fort Bend Company
<811>	Holding Company	Consolidated Communications Holdings, Inc
<812>	Operating Company	Consolidated Communications of Fort Bend Company

[illegible]



<b>FCC Form 481</b> <b>OMB Control No. 3060-0086 / OMB Control No. 3060-0019</b> <b>July 2013</b>	
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<010>	Study Area Code	442072
<015>	Study Area Name	CONSOLIDATED FT BEND
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim DeLoss
<035>	Contact Telephone Number - Number of person identified in data line <030>	(936) 521-7737
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.deloss@consolidated.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

1500 No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481 OMB Control No. 3050-0046/OMB Control No. 3050-0019 July 2013
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<010>	Study Area Code	442072
<015>	Study Area Name	CONSOLIDATED FT BEND
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim DeLoss
<035>	Contact Telephone Number - Number of person identified in data line <030>	(936) 521-7737
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.deloss@consolidated.com

Please check this box to confirm no terrestrial backhaul  
 <1120> options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers  
 <1130> broadband service of at least 1 Mbps downstream and 256 kbps  
 upstream within the supported area pursuant to § 54.313(G)

☐

<b>Program and Condition for Lifeline Customers</b> Data Collection Form		FCC Form 485 OMB Control No. 3060-0385/OMB Control No. 3060-0312 July 2013
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<010>	Study Area Code	442072
<015>	Study Area Name	CONSOLIDATED FT BEND
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim DeLoss
<035>	Contact Telephone Number - Number of person identified in data line <030>	(936) 521-7737
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.deloss@consolidated.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	442072TX1210
		Name of attached document (.pdf)

<1220>	Link to Public Website	HTTP
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"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

<b>Additional Documentation</b> Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)} Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Connect America Phase II Reporting {47 CFR § 54.313(e)}	FCC Form 481 OMB Control No. 3060-0086/OMB Control No. 3060-0019 July 2013
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<b>&lt;010&gt;</b>	<b>Study Area Code</b>	442072
<b>&lt;015&gt;</b>	<b>Study Area Name</b>	CONSOLIDATED FT BEND
<b>&lt;020&gt;</b>	<b>Program Year</b>	2014
<b>&lt;030&gt;</b>	<b>Contact Name - Person USAC should contact regarding this data</b>	Jim DeLoss
<b>&lt;035&gt;</b>	<b>Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>	(936) 521-7737
<b>&lt;039&gt;</b>	<b>Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b>	jim.deloss@consolidated.com

**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

<b>Incremental Connect America Phase I reporting</b>		
<b>&lt;2010&gt;</b>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<b>&lt;2011&gt;</b>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>
<b>Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}</b>		
<b>&lt;2012&gt;</b>	2013 Frozen Support Certification	<input checked="" type="checkbox"/>
<b>&lt;2013&gt;</b>	2014 Frozen Support Certification	<input type="checkbox"/>
<b>&lt;2014&gt;</b>	2015 Frozen Support Certification	<input type="checkbox"/>
<b>&lt;2015&gt;</b>	2016 and future Frozen Support Certification	<input type="checkbox"/>
<b>Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}</b>		
<b>&lt;2016&gt;</b>	Certification Support Used to Build Broadband	<input checked="" type="checkbox"/>
<b>Connect America Phase II Reporting {47 CFR § 54.313(e)}</b>		
<b>&lt;2017&gt;</b>	3rd year Broadband Service Certification	<input type="checkbox"/>
<b>&lt;2018&gt;</b>	5th year Broadband Service Certification	<input type="checkbox"/>
<b>&lt;2019&gt;</b>	Interim Progress Certification	<input type="checkbox"/>
<b>&lt;2020&gt;</b>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<b>&lt;2021&gt;</b>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information _____

RCC Form 488	
OMB Control No. 3026-0088/CMB Control No. 3026-0019	
July 2013	

<010>	Study Area Code	442072
<015>	Study Area Name	CONSOLIDATED FT BEND
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim DeLoss
<035>	Contact Telephone Number - Number of person identified in data line <030>	(936) 521-7737
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.deloss@consolidated.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

**Progress Report on 5 Year Plan**

(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		<input type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/> (Yes/No)
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/> (Yes/No)
(3019)	Either a copy of their audited financial statement; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="checkbox"/>



<010>	Study Area Code	442072
<015>	Study Area Name	CONSOLIDATED FT BEND
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim DeLoss
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.deloss@consolidated.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	CONSOLIDATED FT BEND
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/01/2013
Printed name of Authorized Officer:	Michael Shultz
Title or position of Authorized Officer:	Vice President, Regulatory & Public Policy
Telephone number of Authorized Officer:	936-788-7414
Study Area Code of Reporting Carrier:	442072 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



<010>	Study Area Code	442072
<015>	Study Area Name	CONSOLIDATED FT BEND
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim DeLoss
<035>	Contact Telephone Number - Number of person identified in data line <030>	(936) 521-7737
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.deloss@consolidated.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments



**(200) Service Outage Reporting (Voice)  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 442072  
<015> Study Area Name CONSOLIDATED FT BEND  
<020> Program Year 2014  
<030> Contact Name - Person USAC should contact regarding this data Jim DeLoss  
<035> Contact Telephone Number - Number of person identified in data line <030> (936) 521-7737  
<039> Contact Email Address - Email Address of person identified in data line <030> jim.deloss@consolidated.com  
<220>

<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures

REDACTED VERSION FOR PUBLIC INSPECTION

<810>	Reporting Carrier	Consolidated Communications of Fort Bend Company
<811>	Holding Company	Consolidated Communications Holdings, Inc
<812>	Operating Company	Consolidated Communications of Fort Bend Company

[illegible]

**Federal Communications Commission  
Form 481 Annual Reporting Data Collection Form  
Section 500 Service Quality Standards &  
Consumer Protection Rules Compliance**

Consolidated Communications of Fort Bend Company (CCFB) is compliant with the Service Quality Standards as set forth by the Texas Public Utility Commission in the Chapter 26 Substantive Rules Applicable to Telecommunications Service Providers Subchapter C §26.54. §26.54 has three required categories of performance benchmarks to measure the service quality of one party line service and voice band data:

- 1) Service Orders:
  - a. Installation of Service:
    - i. Primary Service Orders (95% within 5 working days),
    - ii. Regular Service Orders Completed (90% within 5 working days), and
    - iii. All Service Orders Completed:
      1. 99% within 30 days and
      2. 100% within 90 days
- 2) Answer Time
  - a. Operator Handled Calls:
    - i. Toll and Assisted Operator Calls (85% shall not exceed 3.3 seconds),
    - ii. Repair and Service Calls (90% shall not exceed 5.9 seconds), and
    - iii. Directory Assistance (85% shall not exceed 5.9 seconds)
- 3) Trouble Reports:
  - a. Customer Trouble Reports (# per 100 Access Lines)
  - b. Out of Service Reports (90% cleared in 8 working hours)
  - c. Repeated Trouble Reports (less than 22%)

CCFB's Service Quality reports are filed with the Texas Public Utility Commission each quarter.

**Annual 47 C.F.R. § 64.2009(e) CPNI Certification Template**  
**EB Docket 06-36**

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Submission Confirmation  
Number: **28873776**

Annual 64.2009(e) CPNI Certification for 2013 covering the prior calendar year:

2012

1. Date filed: Feb 26 2013

2. Name of company(s)  
covered by this  
certification:
- Consolidated Communications Enterprise Services (822728)
  - Consolidated Communications of Fort Bend Company *dba* Consolidated Communications (801798)
  - Consolidated Communications of Pennsylvania Company (802458)
  - Consolidated Communications of Texas Company *dba* Consolidated Communications (802425)
  - Illinois Consolidated Tel. Co. *dba* Illinois Consolidated Telephone Company (803205)
  - SureWest Kansas Operations, LLC (821324)
  - SureWest Long Distance (804478)
  - SureWest Telephone (804477)
  - Surewest Televideo (822780)

3. Form 499 Filer ID(s):

801798 802425 802458 803205 804477 804478 821324  
822728 822780

4. Name of signatory:

Michael Shultz

5. Title of signatory:

VP Regulatory and Public Policy

6. Certification:

I, Michael Shultz [name of officer signing certification], certify that I am an officer of the company named above, and acting as an agent of the company, that I have personal knowledge that the company has established operating procedures that are adequate to ensure compliance with the Commission's CPNI rules. *See* 47 C.F.R. § 64.2001 *et seq.*

Attached to this certification is an accompanying statement explaining how the company's procedures ensure that the company is in compliance with the requirements (including those mandating the adoption of CPNI procedures, training, recordkeeping, and supervisory review) set forth in section 64.2001 *et seq.* of the Commission's rules.

The company [☐ has ☒ has not] taken actions (*i.e.*, proceedings instituted or petitions filed by a company at either state commissions, the court system, or at the Commission against data brokers) against data brokers in the past year. [NOTE: If you reply in the affirmative, please provide an explanation of any actions taken against data brokers.]

The company [☐ has ☒ has not] received customer complaints in the past year concerning the unauthorized release of CPNI [NOTE: If you reply in the affirmative, please provide a summary of such complaints. This summary should include number of complaints, broken down by category or complaint, *e.g.*, instances of improper access by employees, instances of improper disclosure to individuals not authorized to receive the information, or instances of improper access to online information by individuals not authorized to view the information.]

The company represents and warrants that the above certification is consistent with 47. C.F.R. § 1.17 which requires truthful and accurate statements to the Commission. The company also acknowledges that false statements and misrepresentations to the Commission are punishable under Title 18 of the U.S. Code and may subject it to enforcement action.

Signed: [☒ Signature of an officer, as agent of the carrier]

<p><b>Attachments:</b> Accompanying Statement explaining CPNI procedures</p> <p>Explanation of actions taken against data brokers (if applicable)</p> <p>Summary of customer complaints (if applicable)</p>
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**ACCOMPANYING STATEMENT  
OF  
CONSOLIDATED COMMUNICATIONS HOLDINGS, INC.  
REGARDING  
COMPLIANCE WITH CPNI REGULATIONS FOR 2011  
AT  
47 C.F.R. § 64.2009**

In order to comply with the FCC rules set forth at 47 C.F.R. Part 64, Subpart U, Consolidated Communications Holdings, Inc. and its subsidiaries ("Company") has created a Company Policy document which fully acknowledges the Company's commitment to protecting Customer Proprietary Network Information ("CPNI") and which informs its employees and any agents acting on the Company's behalf that they are required to follow the specific CPNI Guidelines outlined in the Company CPNI Policy. The Company CPNI Policy sets forth the specific policies and guidelines that are to be used by all employees in regard to the permitted use, disclosure and protection of CPNI. The Policy was developed and is maintained so as to be in compliance with 47 C.F.R. Part 64, Subpart U. A copy of the Company's CPNI Policy is included in the employee handbook for all employees. The CPNI Policy is also maintained on the company internal intranet site. All customer contact employees and their supervisors are specifically trained to fully understand the CPNI Policy and consequences for noncompliance. CPNI customer rights and procedures are also explained in Consolidated Communication's phone directories and in biannual mailings to customers.

Based on my personal review of the Company operating procedures related to the protection of CPNI, to the best of my knowledge and belief, the Company during the 2012 year has established operating procedures that are adequate to ensure compliance with the FCC Rules as set forth at 47 C.F.R. Part 64, Subpart U, regarding the protection of CPNI.

**Federal Communications Commission  
Form 481 Annual Reporting Data Collection Form**

**LINE 610 FUNCTIONALITY IN EMERGENCY SITUATIONS**

**§54.313(a)(6) – ABILITY OF VOICE SERVICE TO FUNCTION IN EMERGENCY SITUATIONS**

Consolidated Communications of Fort Bend Company (CCFB) is capable of voice service functioning in emergency situations. The CCFB has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

Details of CCFB's ability to function during an emergency situation are below:

- Company Emergency Plan can be implemented, in case of an event
- 24 hour x 365 day monitoring of Voice Network by Network Operations Center
- Emergency power at all exchange offices and some sites
- Sites without emergency power on site to can have emergency power connected within 4 hours
- Use of ring capabilities for all exchange offices and most nodes for route survivability

**Federal Communications Commission  
Form 481 Annual Reporting Data Collection Form**

**LINE 1210 DETAILS ON THE NUMBER OF MINUTES PROVIDED AS  
PART OF THE PLAN**



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LOCAL EXCHANGE SERVICE

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6.4 LIFELINE PROGRAM

6.4.1 General

A. Background

The Lifeline Discount Telephone Service (Lifeline Service) is a jointly sponsored federal and state telecommunications assistance program designed to make retail local exchange access service available at reduced rates to eligible residential customers. The Lifeline Program involves discounts to monthly rates for service.

(D)  
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B. Services included in Lifeline Telephone Discount Service

Lifeline Services or functionalities available to qualifying low-income customers as enumerated in Title 47, Code of Federal Regulations, §54.101(a):

(D)  
—  
(D)

Eligible voice telephony services must provide voice grade access to the public switched network or its functional equivalent; minutes of use for local service provided at no additional charge to end users; access to the emergency services provided by local government or other public safety organizations, such as 911 and enhanced 911, to the extent the local government in an eligible carrier's service area has implemented 911 or enhanced 911 systems; and toll limitation services to qualifying low-income consumers.

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(N)

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LOCAL EXCHANGE SERVICE

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6.4 LIFELINE PROGRAM (Cont'd)

6.4.1 General (Cont'd)

C. Services not included in Lifeline Telephone Discount Service

Lifeline customers may receive services not included in Lifeline Telephone Discount Service. Lifeline customers will be entitled to obtain such services, where available, at their discretion, even though the Lifeline rate reduction does not apply to these services.

(C)

D. Retroactive Participation

Customers may be automatically enrolled or may self-enroll in Lifeline. Reduced rates start at that time. Lifeline Discount Telephone Service will not be available on a retroactive basis.

(C)

E. Regulations stated herein apply to Lifeline Discount Telephone Service only. As of September 1, 2001, the Tel-Assistance Service program is discontinued, and all customers that were receiving benefits under this program will be automatically enrolled in the Lifeline Service program. If a customer's Tel-Assistance discount is greater than the discount they would receive under the Lifeline program, the customer will continue to receive the larger discount. The larger discount will be given to the customer under the Lifeline program until the customer discontinues their service or no longer meets eligibility requirements

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(T)

LOCAL EXCHANGE SERVICE

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6.4 LIFELINE PROGRAM (Cont'd)

6.4.2 Customer Eligibility Requirements

Customer eligibility will be determined by the Texas Low-Income Discount Administrator (LIDA).

A. Lifeline Discount Telephone Service will be provided to customers with a household income at or below 150% of the Federal poverty level (as determined by the United States Office of Management and Budget and reported annually in the Federal Register) or in whose household resides a person who receives or has a child who receives:

1. Medicaid
2. Food Stamps
3. Low Income Home Energy Assistance Program (LIHEAP)
4. Supplemental Security Income (SSI)
5. Federal Public Housing Assistance (FPHA)
6. Health benefits coverage under the state child health plan under Chapter 62, Health and Safety Code (CHIP).

B. Tribal Lands Lifeline Discount will be provided to applicants residing on Tribal Lands and participating in one or more of the following criteria (referenced in Title 25, Code of Federal Regulations, Section 20.1, paragraph (v)):

1. Bureau of Indian Affairs general assistance
2. Tribally administered Temporary Assistance for Needy Families (TANF)
3. Head Start (must meet program's income qualifying standard)
4. National School Lunch Program (must satisfy income standard for free lunch program)

C. The discounted service must be provided in the eligible customer's name. Lifeline Service benefits are applicable only to the primary line at the customer's principal residential premises. A residential premises or dwelling place, is intended to be that location where an applicant resides, even if such residential premises, or dwelling place, is only a single room.

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(N)  
(N)

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LOCAL EXCHANGE SERVICE

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6.4 LIFELINE PROGRAM (Cont'd)

6.4.3 Customer Enrollment

A. General

The Company and the Commission seek to extend Lifeline Service to all qualifying customers. To this end, qualifying customers will be automatically enrolled where the criteria are met and may be self-enrolled when the qualifying criteria are met and automatic enrollment does not occur.

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The LIDA determines and certifies the eligibility of customers for the Lifeline Program.. The Company enrolls customers in the Lifeline Program at the direction of the LIDA.

(D)

B. Automatic Enrollment

Customers receiving benefits under the programs listed in Section 6.4.2.A. and who have telephone service will be subject to the Lifeline automatic enrollment procedures as provided by the LIDA, unless they provide the LIDA with a request to be excluded from Lifeline service.

C. Company Procedures for Automatic Enrollment

On a monthly basis, the Company will send a list of customers to the LIDA. The LIDA will match the names with the Texas Department of Human Services (TDHS) file containing the names of applicants who receive benefits from qualifying assistance programs. The LIDA will then send a file to the Company of new consumers who are eligible for Lifeline service. The Company will utilize this file to give the Lifeline discount to eligible Company customers.

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LOCAL EXCHANGE SERVICE

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6.4 LIFELINE PROGRAM (Cont'd)

6.4.3 Customer Enrollment

D. Self-Enrollment

Applicants who participate in LIHEAP or FPHA, or whose household income level is at or below 150% of the federal poverty guidelines, may self-enroll for Lifeline service by completing an application form that they either participate in a qualifying program or meet the income requirements specified above. The Company or LIDA will send a blank application upon customer request. The customer must return the form to the LIDA.

(C)

E. Tribal Land Applicants

Tribal Lands Applicants may also self-enroll under penalty of perjury that he/she resides on a reservation, as defined in Title 25 Code of Federal Regulations, Section 20.1, paragraph (v), and receives benefits from at least one of the programs referenced in Section 6.4.2.A.

F. Time Requirements

The Company will enroll customers in or remove them from Lifeline within 30 days of receipt of the LIDA file. Reduced billing will commence with enrollment.

G. Discontinuance of Lifeline Discounts for customers automatically enrolled.

The eligibility period for automatically enrolled customers is the length of their enrollment in TDHS benefits, plus a period of 60 days for renewal. Automatically enrolled customers will have an opportunity to renew their TDHS benefits or self enroll with LIDA upon the expiration of their automatic enrollment.

8. Discontinuance of Lifeline Discounts for customers who have self enrolled.

Individuals not receiving benefits through TDHS programs, but who have met Lifeline income qualifications in Section 6.4.2.A., are eligible to receive the Lifeline Discount for seven (7) months, which includes a period of 60 days during which the customer may renew their eligibility with LIDA for an additional seven (7) months.

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LOCAL EXCHANGE SERVICE

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6.4 LIFELINE PROGRAM (Cont'd)

6.4.4 Lifeline Discounts

A. Qualified Lifeline Statewide Enrollees will receive discounts on monthly bills as follows.

1. Federal Subscriber Line Charge Waiver

Federal Lifeline support provides a \$9.25 credit off monthly voice telephone service rates to a qualifying low-income customer, pursuant to Title 47, Code of Federal Regulations, § 54.403.

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3. Additional State-approved Reduction

A qualifying low-income customer shall receive an additional state-approved reduction of intrastate charges

	<u>Rate</u>
Additional State Approved Reduction	\$3.50

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LOCAL EXCHANGE SERVICE

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6.4 LIFELINE PROGRAM (Cont'd)

6.4.4 Lifeline Discounts (Cont'd)

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B. Lifeline Tribal Lands Discounts

In addition to the Lifeline service provided herein, the rate for local monthly service for an eligible Tribal lands resident shall be reduced by an additional amount, as follows:

Additional Federal approved reduction (10/1/00)	\$25.00
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The monthly local residential rate (including any mileage, zonal, or other non-discretionary charges associated with basic residential service) for qualifying low-income individuals living on tribal lands may not be reduced below \$1 per month.

6.4.5. Deposits and Payments for Service

A. Credit verification

The credit verification procedures used for all applicants who apply for service with the Company will also be used for applicants who apply for service under the Lifeline Discount Telephone Service Program.

B. Deposits

The deposit standards used for all applicants who apply for service with the Company will be used for applicants who apply for service under the Lifeline Discount Telephone Service Program. However, as provided in Section IV.E.5., the Company will not collect a deposit if the Lifeline customer signs up for toll blocking service.

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LOCAL EXCHANGE SERVICE

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6.4 LIFELINE PROGRAM (Cont'd)

6.4.5. Deposits and Payments for Service (Cont'd)

C. Payment for Service

Once service has been established for a Lifeline Service customer, he/she will be expected to adhere to the same bill payment policy and procedures expected of any other Company customer. See Section 6.4.5.H. for eligibility for an extended deferred payment plan.

D. Toll Blocking

The Company will offer toll blocking service at no charge to all qualifying low-income customers at the time such customer subscribes to Lifeline Service. If the customer elects to receive toll blocking, that service shall become part of the customer's Lifeline Service and the customer's monthly bill will not be increased by otherwise applicable toll blocking charges.

E. Service Deposit Prohibition

If a qualifying low-income customer voluntarily elects toll blocking from the Company, the Company may not collect a service deposit pursuant to Substantive Rule §26.24 (relating to credit requirements and deposits) in order to initiate Lifeline Service.

F. Disconnection prohibition

Customers receiving service through the Lifeline Program may not be disconnected for non-payment of toll charges unless the Company receives a waiver from the Commission for this requirement.

G. Service Connection Charges

1. Current customers converting to Lifeline Service shall not be charged for changes in telephone service arrangements that are made in order to qualify for Lifeline Service, or for service order charges associated with transferring the account into Lifeline Service

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(C)

PUCT Approved  
Feb 3, 2005 Docket 30698



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LOCAL EXCHANGE SERVICE

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6.4 LIFELINE PROGRAM (Cont'd)

6.4.5. Deposits and Payments for Service (Cont'd)

G. Service Connection Charges (Cont'd)

2. If the eligible customer changes the telephone service or initiates new service, the Company will begin reduced billing at the time the change of service becomes effective or at the time new service is established.
3. After the initial connection to the Lifeline Program, any subsequent changes may be subject to the applicable service connection charges.
4. When a customer, who is removed from the program by LIDA, leaves the Lifeline Telephone Discount Program and converts to non-Lifeline services, no service connection charges are applicable. If the customer voluntarily exits from the Lifeline program and converts to a non-Lifeline service, service charges may be applicable.
5. New residential applicants (those without existing local exchange access service) eligible for the Lifeline Program will be subject to the applicable service connection charges.

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(D)  
(D)

H. Deferred Payment Plan

Any Lifeline customer may elect to subscribe at no charge to Toll restriction Service, and to restrict their line from incoming Billed to Third Party, Collect and Calling Card calls. Any Lifeline customer who expresses an inability to pay their past due account balance may elect to enter into an extended deferred payment plan, not to exceed twelve (12) months. Lifeline customers who elect this payment arrangement will be required to obtain, at no charge, Toll Restriction Service and to maintain restrictions on their line to deny incoming Billed to Third Party, Collect and Calling Card calls, until such time as the terms of the extended deferred payment plan are met. Such customers remain responsible for payment of any charge(s) initiated and billed to the account after the terms of the extended deferred payment plan have been agreed upon, as outlined in this Tariff. For such charges, the Company retains the sole discretion as to whether to extend additional payment arrangements.

**Federal Communications Commission  
Form 481 Annual Reporting Data Collection Form**

**LINE 1222 DETAILS ON THE NUMBER OF MINUTES PROVIDED AS  
PART OF THE PLAN**

Consolidated Communications of Fort Bend Company (CCFB) residential and business lines are flat rated for unlimited local calling.

**LINE 1223 ADDITIONAL CHARGES FOR TOLL CALLS, AND RATES  
FOR EACH SUCH PLAN**

Additional charges for toll calls will apply according to the Interexchange Carrier the customer has presubscribed to.